

SECRET  
(When Filled In)

9-28-49

| PROCESS SHEET FOR DOMESTIC CONTACT SERVICE COLLECTIONS  |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |
|---|---------|----------------|----------------|--------|----------------|-----------------------|--|------------------------------------|-------------------------------------|---------------------|--------------------|------|------|------|
| FOR FIELD USE ONLY  |         |                |                |        |                |                       | FOR HEADQUARTERS USE ONLY                    |                                    |                                     |                     |                    |      |      |      |
| A. FIELD OFFICE   |         | B. REQ. CODE   |                |        | C. CASE NUMBER |                       | FORWARDED                                    |                                    |                                     | REPORT NO.          |                    |      |      |      |
| 1 2 3 4   | X M I N | 11 12 13 14 15 | 16 17 18 19 20 | 00 100 | 5 8 0 0 1      | 22 23 24 25 26        | 27 28 29 30 31                               | 32 33                              | A 18                                | C 19                | E 20               | J 34 | I 35 | U 36 |
| D. SUBJECT AND AREA<br>Possible Cover Support<br>(Haiti)  |         |                |                |        |                |                       | EXTRA DISSEM. RECORD                         |                                    |                                     |                     | RELEASED           |      |      |      |
|   |         |                |                |        |                |                       | 37 38 39                                     | 40 41                              | 42 43                               | 44                  | 06192              |      |      |      |
| E. CONTACT (Name, Title, Organization, Address)<br>Joseph R. MEROLA<br>GORDON COOPER ASSOCIATES<br>Hangar One, Opa-Locka Airport<br>Opa-Locka, Florida                    |         |                |                |        |                |                       | INDIVIDUAL NO.                               | 45                                 | TYPE OO-E                           | 46                  | NOT DISSEM-MINATED |      |      |      |
|   |         |                |                |        |                |                       | GRAPHICS, MAPS, PUBLICATIONS, REPORTS, OTHER |                                    |                                     |                     |                    |      |      |      |
| F. SOURCE (Name, Title, Organization, Address)<br>Same  |         |                |                |        |                |                       | ORGANIZATION NO.                             | SUBJECT                            | AREA                                |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 47 48 49                                     | 50                                 | 51 52 53 54                         |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | O E C O                                      | WELL KNOWN                         | 1 5 O V                             |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 1 S B T                                      | 2. TOO GENERAL                     | 2 3 N T                             |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 2 P O L                                      | 3. DATA SUPPLIED BY OTHER AGENCIES | 3                                   |                     |                    |      |      |      |
| G. SUB-SOURCE (Name, Title, Organization, Address)  |         |                |                |        |                |                       | 3 M I L                                      | 4. OTHER/MISC                      | 4                                   |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 5 S O C                                      | 5. COMBINED WITH                   | 5                                   |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 6 G E O                                      | 6. INSUFFICIENT INTEREST           | 6                                   |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 7 B I O                                      |                                    |                                     |                     |                    |      |      |      |
|   |         |                |                |        |                |                       | 8 M I S                                      |                                    |                                     |                     |                    |      |      |      |
| H. METHOD OF COLLECTION   |         |                |                |        |                |                       | EVALUATION REQUESTED FROM                    | USSR ONLY EXCHANGES (CHECK ONE)    | RESPONSIVE TO SPECIFIC REQUIREMENTS |                     |                    |      |      |      |
| <input checked="" type="checkbox"/> INTERVIEW <input type="checkbox"/> TRIP REPORT <input type="checkbox"/> OTHER DOCUMENT <input type="checkbox"/> OTHER (specify below) |         |                |                |        |                |                       |  | NO                                 |                                     |                     |                    |      |      |      |
|   |         |                |                |        |                |                       |  | TO USSR                            |                                     |                     |                    |      |      |      |
|   |         |                |                |        |                |                       |  | FROM USSR                          |                                     |                     |                    |      |      |      |
| DIRECTED TO   | ALIEN   | OSS            | SOV            | INT    | CASE OFFICER   | HEADQUARTERS COMMENTS |  |                                    |                                     |                     |                    |      |      |      |
|   | X       |                |                |        | Grant          | COS/CCB MAC PHEE      |  |                                    |                                     |                     |                    |      |      |      |
| FIELD COMMENTS<br>Army report   |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |
| A FINE LEAD   |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |
| C/S DeMaldane:pas   |         |                |                |        |                |                       | CHIEF<br>REMAINWARTING                       |                                    | CASE OFFICER                        | DIVISION/STAFF/DESK |                    |      |      |      |
| 7-69  |         |                |                |        |                |                       | JFK FOR L16                                  |                                    | OSS                                 |                     |                    |      |      |      |
| FORM 25 USE PREVIOUS EDITIONS   |         |                |                |        |                |                       | (20-41)                                      |                                    |                                     |                     |                    |      |      |      |
| SECRET  |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |
| GROUP I<br>EXCLUDED FROM AUTOMATIC DOWNGRADING AND RECLASSIFICATION   |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |
| 2   |         |                |                |        |                |                       |  |                                    |                                     |                     |                    |      |      |      |